

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 2 4 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lob	byist(s) Al	MES 13.	PORVEIL TH	and	MARC I	BEOWN
II. Name of lob	byist's partner	ship, firm	or corporation, if a	any:		
ADVANTAG	(Name of partne	New	- ASTAIRS, L	LC		
Ph Ros	(Name of partie		_		A16.0	- 24.4
Business Address:			(Town/City)	····	NH (State)	(Zip Code)
(603) <u>230-</u>	-2432_	,	1		amail "aured	2 a Avente con
(Teleph	one)		(Fax	:)	mare @	2 advantagenh.com 2 advantage 14.com
reporta <i>ot</i> e expe	ase transaction	s which a	 file separate reporter not attributable the months prior to 	to any one	client).	y file a separate report for
			VIDMOBILE			e tonowing chem:
OR	(Full Nam	e of Client	as it appears on the Lo	bbyist Regist	tration Form)	
inrelated to any j	particular client.	_			_	firm listed below which are
Reports cover:	ort April 26 activity from dat	, 2017 [y 26, 2017	
	October activity from	25, 2017 n 7/1/17 to		Jar	nuary 31, 2018 🗆 rom 10/1/17 to 12/31/	· 17
V. There have If this box is chec Concord, NH 033	ked, complete ju	eceived a	and no reportable m and submit it to th	transaction e Secretary	ons made since the of State's Office, St	ne last report. ate House, Room 204,
/I. Check if add	litional reports	are attacl	neđ:			
			nditures, you must fi	ile Addendi	ım A– Fees and Ex	penses
If you have p Expense Reimbur	aid an honorariu sement	m or reim	bursed expenses, yo	u must file A	Addendum B- Rep	ort of Honorariums or
if you, your f	irm, or your fair	ily has ma	ade political contribu	itions, you n	nust file Addendu n	a C- Political Contributions
			•			
ad complete to the	15, RSA 15-B, R the best of vay len	SA 14-C owledge	and RSA 664 and he and belief.	neby swear	or affirm that the fo $4\Delta - 20 - 17$	regoing information is true
Signature of lob Print Name of lo	BOENET AL	Marci	Show		(Date)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) JAMES P. BURNETT TIL and	Magn T Romer
II. Name of lobbyist's partnership, firm or corporation, if any:	T D KONP
ADVANTAGE CONGRAMENT AFFAIRS U.C. (Name of partnership, firm or corporation)	
III. Name of Client The Actionic H ANTOMOBILE HOW	GALAD Date 10/20/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified ab to lobbying, including fees for services such as public advocacy, governmental including research, monitoring legislation, and related legal work. The reduced by any expenses:	ove that are related, directly or indirectly
a) Total of all fees received in this reporting period	a) \$ _12, 500, 80
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar	
c) Total of all fees received to date (Add lines a and b)	c)\$ 39,500 -00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$non_c
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office of individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied; an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	may be filed for the lobbyist(s)/firm. he aggregate total of all expenses paid expenses; (b) the aggregate total of all ple: meals purchased during a business ess than \$10 that is given to the person ied with a value of \$25.00 or less); and porting period of greater than \$25.00 for lue of greater than \$25, purchase of a ter than \$25, but not greater than \$50.
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$_12,500,00
 Total aggregate of expenditures during this reporting period, not reported n a), of \$25 or less. 	b)s none
r) Total of all itemized expenditures reported in detail in section VI.	c)SnanC

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 12,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$_12,860,60
f) Total of all expenses year to date	1) \$ 25, 360.60
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm true and complete to the best of my knowledge and belief.	that the foregoing information
Signature of lobbyist)	10 - 20 - 17 (Date)
Print Name of lobbyist) Mar I Brown	